



For more information about the Organization of Teratology Information Specialists or to find a service in your area, call (866) 626-6847 or visit us online at: www.OTISpregnancy.org.

Citalopram/Escitalopram (Celexa[®]/Lexapro[®]) and Pregnancy

This sheet talks about the risks that exposure to citalopram/escitalopram can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What are citalopram and escitalopram?

Citalopram is a medication used to treat depression. Citalopram belongs to the class of antidepressants known as selective serotonin reuptake inhibitors or SSRIs. A common brand name for citalopram is Celexa[®].

The drug escitalopram contains the same active medication as citalopram. These two drugs act in the body in a very similar way. Escitalopram is used to treat depression and generalized anxiety disorder. It is also an SSRI and is sold under the brand name Lexapro[®].

I am taking citalopram/escitalopram, but I would like to stop taking it before becoming pregnant. How long does the medication stay in my body?

Each person breaks down a medication differently. For most people, citalopram or escitalopram will be out of the body one week after the last dose. If you are going to stop taking citalopram/escitalopram, you should talk to your doctor about cutting back on the dose gradually. This will help to avoid any withdrawal symptoms. You should not make any changes in your medication without first talking to your doctor. Your doctor can help you decide if stopping citalopram/escitalopram is right for you.

Can taking citalopram/escitalopram make it more difficult for me to become pregnant?

We do not know if taking citalopram or escitalopram will make it harder for you to get pregnant. Rats had some reduced fertility after being exposed to citalopram. So far, there have been no reports of humans having a harder time getting pregnant while taking these medicines.

Can taking citalopram/escitalopram during my pregnancy cause birth defects?

Citalopram has not been associated with an increase in birth defects in human studies. One study showed that less citalopram may cross the placenta than some of the other SSRI medications. There have been some individual reports of babies born with eye defects whose mothers took citalopram during pregnancy. These are case reports and do not mean that there was a connection with the eye defects and the medication. Most of the available information shows that exposure to citalopram during pregnancy does not increase the risk for birth defects over a background risk.

There are no large studies looking at the risk of birth defects when escitalopram is used during pregnancy. Since it is very similar to citalopram, escitalopram is also unlikely to increase the risk of birth defects over a background risk.

I need to take citalopram/escitalopram throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby?

If you are taking citalopram or escitalopram at the end of your pregnancy, your baby may need some extra care for the first few days of life. Babies exposed to any SSRI may have breathing problems, jitteriness, increased muscle tone, irritability, problems sleeping, tremors and difficulty feeding. These symptoms are typically mild and disappear by two weeks of age.

Are there any other problems citalopram or escitalopram can cause when used in the third trimester?

Two studies showed that babies whose mothers take SSRIs like citalopram or escitalopram during the third trimester may be at a small increased risk for pulmonary hypertension, a serious lung problem at birth. Further study is

needed to know if this risk actually exists. It is a good idea to tell your obstetrician and your baby's pediatrician that you are taking citalopram or escitalopram, so that extra care will be available if needed.

Should I stop taking citalopram/escitalopram when I find out I'm pregnant? What about weaning off my medication before the third trimester?

Studies have shown that when depression is left untreated during pregnancy, there may be increased risk for miscarriage, preeclampsia, preterm delivery, or low birth weight. Some women remain well after stopping their antidepressant medication during pregnancy. For other women, the effects of stopping their medication may be more harmful than the risks of staying on it. You and your doctor should discuss the benefits of taking citalopram or escitalopram for your specific situation and the potential risks to the baby before making a decision. If it is decided that you should stop taking citalopram or escitalopram during pregnancy it needs to be done gradually to avoid any withdrawal symptoms.

Will taking citalopram/escitalopram have any long-term effect on my baby's behavior and development?

One small study followed eleven babies of mothers who took citalopram during pregnancy. At one year of age there was no difference in their development compared to children who were not exposed. More studies are needed before we will know if there are any long term effects on the baby's brain development.

Can I take citalopram/escitalopram while breastfeeding?

Several studies have shown that small amounts of citalopram and escitalopram are found in breast milk. There have been a few cases of sleepiness and weight loss, but in most studies no harmful effects were seen in the breastfed babies. A couple of studies also showed no difference in the intellectual development of babies whose mothers took citalopram or escitalopram while breastfeeding. The risk to the breastfed infant appears to be small, and the benefits of breastfeeding are well known. It is a good idea to let your baby's pediatrician know if you are taking any medication while breastfeeding.

What if the father of the baby takes citalopram/escitalopram?

There are no studies looking at risks to a pregnancy when the father takes citalopram or escitalopram. In general, medications that the father takes do not increase the risk to a pregnancy because the father does not share a blood connection with the developing baby. For more information, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

September 2010.

Copyright by OTIS.

Reproduced by permission.



Selected References:

- Berle JO, et al. 2004. Breastfeeding during maternal antidepressant treatment with serotonin reuptake inhibitors: infant exposure, clinical symptoms, and cytochrome P450 genotypes. *J Clin Psychiatry*. 65:1228-1234.
- Bonari L, et al. 2004. Perinatal risks of untreated depression during pregnancy. *Can J Psychiatry* 49(11):726-735.
- Chambers CD, et al. 2006. Selective serotonin-reuptake inhibitors and risk of persistent pulmonary hypertension of the newborn. *N Engl J Med* 354:579-587.
- Einarson A, et al. 2009. Incidence of major malformations in infants following antidepressant exposure in pregnancy: results of a large prospective cohort study. *Can J Psychiatry* 54(4):242-246.
- Ericson A, et al. 1999. Delivery outcome after the use of antidepressants in early pregnancy. *Eur J Clin Pharmacol* 55:503-508.
- Hale TW. 2006. Medications and Mother's Milk. Twelfth Edition. Hale Publishing L.P., Amarillo, TX.
- Heikkinen T, et al. 2002. Citalopram in pregnancy and lactation. *Clin Pharmacol Ther* 72:184-191.
- Heikkinen T, et al. 2002. Transplacental transfer of citalopram, fluoxetine, and their primary demethylated metabolites in isolated perfused human placenta. *Br J Obstet Gynecol* 109:1003-1008.
- Jordan AE, et al. 2008. Serotonin reuptake inhibitor use in pregnancy and the neonatal behavioral syndrome. *J Matern Fetal Neonatal Med* 21(10):745-751.
- Kallen BAJ and Otterblad Olausson P. 2007. Maternal use of selective serotonin re-uptake inhibitors in early pregnancy and infant congenital malformations. *Birth Defects Res A Clin Mol Teratol* 79(4):301-308.
- Kallen B and Otterblad Olausson P. 2008. Maternal use of selective serotonin re-uptake inhibitors and persistent pulmonary hypertension of the newborn. *Pharmacoepidemiol Drug Saf* 17:801-806.
- Louik C, et al. 2007. First-trimester use of selective serotonin-reuptake inhibitors and the risk of birth defects. *N Engl J Med* 356:2675-2683.
- Moses-Kolko, EL, et al. 2005. Neonatal signs after late in utero exposure to serotonin reuptake inhibitors: Literature review and implications for clinical applications. *JAMA* 293:2372-2383.
- Newport DJ, et al. 2002. The treatment of postpartum depression: Minimizing infant exposure. *J Clin Psychiatry* 63(Suppl 7): 31-44.
- Rampono J, et al. 2006. Transfer of escitalopram and its metabolite demethylcitalopram into breastmilk. *Br J Clin Pharmacol* 3:316-22.
- Reis M and Kallen B. 2010. Delivery outcome after maternal use of antidepressant drugs in pregnancy: an update using Swedish data. *Psychol Med* 40 (10):1723-1733.
- Sivojelezova A, et al. 2005. Citalopram use in pregnancy: prospective comparative evaluation of pregnancy and fetal outcome. *Am J Obstet Gynecol* 193:2004-9.
- Tabacova SA, et al. 2004. Adverse developmental events reported to FDS in association with maternal citalopram treatment in pregnancy. *Birth Defects Res* 70:361.
- Weissman AM, et al. 2004. Pooled analysis of antidepressant levels in lactating mothers, breast milk, and nursing infants. *Am J Psychiatry*. 161:1066-1078.

*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at 1-866-626-6847.*